

PERSONAL/FAMILY DEPLOYMENT READINESS CHECKLIST

Although extended deployments are never easy on the family, the hardships need not be increased by failure to plan ahead. A carefully prepared and executed pre-deployment checklist can save you and your family from giant headaches in the future. It is very important for you, as a military family, to have certain documents in your possession. Military spouses are often required to take over the family during the sponsor's absence; therefore, it is important that both of you sit down together to gather information and documents named in this checklist. You are encouraged to keep originals or copies of all listed documents in a special container (safety deposit box) in a location you can find immediately and is known to both you and the sponsor. Both of you must have access to this location.

Personal Matters	
<input type="checkbox"/>	Completed the Personal Information page
<input type="checkbox"/>	Discussed communication during mobilization
<input type="checkbox"/>	Prepared a Family Care Plan
<input type="checkbox"/>	Obtained ID cards for each family member
<input type="checkbox"/>	Discussed feelings and included children in discussions
<input type="checkbox"/>	Learned how benefits will change during mobilization
Legal Matters	
<input type="checkbox"/>	Created and/or updated my will
<input type="checkbox"/>	Designated a power of attorney
<input type="checkbox"/>	Completed my estate planning
<input type="checkbox"/>	Designated legal guardians for children
<input type="checkbox"/>	Next of kin informed of rights, benefits, assistance available, how to make contact in case of emergency
<input type="checkbox"/>	Completed the Personal and Family Documents Worksheet
<input type="checkbox"/>	Safely stored important documents
<input type="checkbox"/>	Completed the Property Worksheet
<input type="checkbox"/>	Completed the Record of Emergency Data
Financial Matters	
<input type="checkbox"/>	Discussed financial matters with loved ones
<input type="checkbox"/>	Established needed allotments
<input type="checkbox"/>	Developed a budget
<input type="checkbox"/>	Selected life insurance
<input type="checkbox"/>	Selected health insurance
<input type="checkbox"/>	Learned about medical and dental care
<input type="checkbox"/>	Enrolled my family in DEERS

	Arranged for paying bills/taxes
Practical Matters	
	Put security measures in place
	Checked smoke detectors and replaced batteries, as needed
	Made sure appliances are in good repair
	Made sure automobile(s) are in good repair
	Made arrangements for storing automobile(s), if necessary
	Provided a current list of people to contact for household repairs
	Made arrangements for household repairs
	Made arrangements for moving, if necessary
	Made a list of health-care providers

Type of document	Location
Adoption Papers	
Allotment(s) Paperwork	
Automobile Insurance	
Bank/Checking Account(s)	
Birth Certificate(s) & Social Security Numbers	
Citizenship/Naturalization Papers	
Credit Cards, Charge Accounts, Installment Papers, Loan Contracts	
Death certificate(s)	
DEERS Enrollment (copy)	
Divorce Papers	
Family ID Cards	
Federal and State Income Tax Returns (last 5 years)	
Insurance Policy(s)	
Inventory of Household Property	
Leave & Earnings Statement, Other Pay Records (Most Recent)	
Lists of Names Addresses & Phone Numbers	
Immediate Family Members	
Trusted Friends	
Holder(s) of Power(s) of Attorney	
Attorney(s)	
Marriage License and Certificate	
Military Service Records	
Passports/Visas	

Type of document	Location
Power of Attorney	
Proof of Service Documents (e.g. DD214)	
Deeds, Titles, Mortgages	
Safety Deposit Box	
Savings Bonds	
Social Security Number(s)	
Tax Records	
Title (automobile, boat, trailer)	
Vaccination Records (including pets)	
Will(s)	

Expenses	Budget Amount	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
FIXED EXPENSES							
Rent/Mortgage							
Insurance							
Automobile Payments							
Loan Payments							
Taxes							
Alimony							
Child Support							
Credit card Installments							
Other:							
VARIABLE EXPENSES							
Groceries							
Utilities							
Transportation							
Telephone							
Medical or Dental							
Entertainment							
Clothing							
Personal Hygiene							
Pet Care							
Other:							
SAVINGS							
Savings Account							
Credit Union							
Other:							
TOTAL							

Income	Estimated Amount	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Basic Pay							
Basic Allowance for Housing							
Basic Allowance for Subsistence							
Clothing Allowance							
Special Pay							
Member's Off-Duty Pay							
Spouse's Earnings							
Alimony (Received)							
Child Support (Received)							
Interest/Dividends							
Other:							
TOTAL INCOME							
TOTAL EXPENSES							
NET INCOME							

Item	Description	Serial Number
Appliances:		
Washing machine		
Dryer		
Oven		
Stove		
Microwave oven		
Dishwasher		
Food processor		
Other		
Tools and equipment:		
Snowblower		
Chain saw		
Power saw		
Drill		
Hand tools		
Other		
Audio and video equipment:		
Television		
Hand-held video recorder		
Videocassette recorder		
Camera		
Stereo		
Radio		
Receiver		
CD player		
Tape player		
Other		
Hobbies:		
Sewing machine		
Sports equipment		
Other		
Home office equipment:		
Computer		
Monitor		
Printer		
Fax machine		
Phone		

Item	Description	Serial Number
Answering machine		
Copy machine		
Other		
Kitchen:		
China		
Crystal		
Silver		
Pots and pans		
Other		
Furniture:		
Sofa		
Chairs		
Tables		
Dining room set		
Beds		
Clocks		
Lamps		
Other		
Jewelry:		
Other:		

HOME SAFETY CHECKLIST	
YES/NO	
	KITCHEN:
	Are curtains, dishtowels, or paper items kept away from stove?
	Is stove's exhaust hood and ductwork clean of grease?
	Do you have a working fire extinguisher close at hand?
	LIVING ROOM/DINING ROOM/BEDROOMS:
	Is fireplace spark screen always closed?
	Are electrical wiring/circuits/outlets adequate to handle load?
	Is there sufficient space for air circulation around TV/stereo?
	Are ashtrays available in home occupied by smokers?
	Are matches and lighters out of reach of children?
	ATTIC, CLOSETS. STORAGE ROOM:
	Do you keep oily cleaning rags in tight metal containers?
	Are you using only nonflammable cleaning fluids?
	Do you avoid accumulations of paper and combustible materials?
	WORKSHOP/LAUNDRY ROOM:
	Are combustible materials kept away from heat sources?
	Are paint thinners, paints, and solvents kept in their original containers for identification purposes?
	Are the furnace, heaters, vents and chimneys inspected and serviced regularly?
	Are fuses of the proper size for the circuits they protect?
	Are the dryer lint trap and vent kept clean?
	GARAGE/GROUNDS:
	Is gasoline for the mower stored in a safety can?
	Have you removed accumulations of trash and paper?
	Are oil-soaked rags in tight metal containers to prevent combustion?
	THROUGHOUT THE HOUSE:
	Inspect electrical cords
	NO SMOKING IN BED!!!!!!
	Does everyone know how to call the fire department?
	Prepare and practice a fire escape plan
	SMOKE DETECTORS
	Buy a battery-operated smoke detector. It is one of the best and most inexpensive forms of fire insurance. It will not prevent a fire from starting, but it may save your life! Be sure to check the smoke detector on a regular basis. Replace batteries twice a year. You should have at least one detector, but two will give some insurance in case one fails. Also, bedrooms should have their own detector if the door is closed while sleeping.
	HOME TOOL KIT
	Flashlight and extra batteries
	Hammer
	Assorted Nails, screws and tacks
	Screwdrivers
	Masking Tape

	Scissors and/or knife
	Pliers
	Wrench
	Furnace Filters
	Extra light bulbs

EMERGENCY INFORMATION FORM

Soldier's Name: _____

Soldier's Social Security Number: _____

STATESIDE INFORMATION

Unit: _____

Company Commander _____ Phone number _____

Platoon Leader _____ Phone number _____

1st SGT _____ Pho _____

Platoon SGT _____ Pho _____

FRG Contact Person _____ Phone Number _____

Chaplain _____ Pho _____

DEPLOYMENT INFORMATION

Location _____ Uni _____

E-mail Address _____ Phone # _____

Mailing Address _____

Company Commander _____ 1st SGT _____

Officer in Charge _____ NCO in Charge _____

Team Leader _____ Chaplain _____

EMERGENCY NOTIFICATION INFORMATION

Soldier's Correct Full Name_____

Soldier's Rank and Pay Grade_____

Soldier's Social Security Number_____

Soldier's Unit_____

Soldier's Unit Address_____

Name of Exercise Soldier is on_____

Full Name of Ill, Injured, or Deceased Person_____

What Hospital or Funeral Home is Person in_____

Who is the Doctor Treating the Person_____

Family Member who can Provide Additional Information_____

Telephone Number_____

Family/Doctor Wants Soldier to: Be Notified Only_____ Come Home_____

Leave Address Soldier Should Go To Is:

Name_____

Address_____

City/State/Zip_____

Phone Number_____

The Soldier will need about_____ Days to resolve the problem_____

THE ABOVE INFORMATION MAY HELP SPEED THE SERVICE MEMBER'S RETURN
AS YOU CONTACT THE RED CROSS OFFICE. BE SPECIFIC!

RED CROSS NOTIFICATION
(To be filled out by service member and sent home)

In the event you need to contact me quickly or need my presence at home, you must contact the American Red Cross (ARC) before I can receive permission to come home. A message from the American Red Cross is required before I can get the documents for transportation on military aircraft and/or commercial aircraft, and for leave authorization. The following is the information that you should provide the local American Red Cross to contact me:

My Social Security Number: _____

My full name: _____

My rank is: _____

My mailing address is: _____

My duty station is: _____

My duty telephone is: _____

My residence address is: _____

My home telephone number is: _____

In addition, they will request some detailed information as to the nature of the emergency. As a minimum, you will need to know the name and address of the doctor, hospital, plus a statement as to why I am needed. I realize in case of death or critical illness in the family that you would want to call me directly, but you must also contact the Red Cross to authorize and expedite travel arrangements.

You can contact the Red Cross 24 hours a day and there is no charge for this service. The toll –free number is 1-877-272-7337.

Please place this document in the telephone book so that you can easily find it in case you need to contact me. This procedure applies regardless if I am deployed or at my home

station. You might want to take some time to write down the local American Red Cross chapter in your community so that in an emergency you will not have to look it up.

Local American Red Cross Address: _____

Local American Red Cross Telephone Number: _____

CAR MAINTENANCE CHECKLIST

The family car is an important part of family life. The sudden and unexpected loss of the use of your car can be a real burden. During deployment, not knowing how to cope with car problems is just more aggravation your spouse must endure. Please take time to fill in and go over the following information checklist. Discuss what problems may happen to the car and become familiar with the periodic checks that are a part of routine operation.

FAMILY DRIVERS LICENSE INFORMATION:

NAME	LICENSE NUMBER	EXPIRATION DATE

AUTO DATA AND SERVICE INFORMATION:

Make:		Model:		Year:		Vehicle ID #	
Warranty: YES		Warranty Location:		Car Title: YES		Title Location:	
Car Registration: YES NO				Expiration Date:			
License Plate #				Expiration Date:			
Inspection Sticker Expiration Date:							
Auto Insurance: YES NO				Policy Number: Insurance Company			
Spare Keys: YES NO				Location:			
Battery Type:			Make/Brand			Warranty: YES NO	
Tires: Make/Brand		Size:		Pressure:		Warranty: YES NO	
Oil Brand				Weight			

MAINTENANCE SCHEDULE:

Servicing done at:			
Phone		Appt. Required: YES NO	
Oil, Filter Change, Lubrication: Next Schedule Date:			
Tune Up: Next Scheduled Date:		Approx. Mileage:	
Tire Balance/Rotation/Front End Alignment: Next Scheduled Date:			
SPECIAL INSTRUCTIONS:			

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NOTIFICATION OF DEPARTURE FROM THE AREA

If you leave home for any reason, it is important that the Rear Detachment Commander knows where you are. If there is an emergency, either on the field or during deployment, the unit needs to contact you. This is true whether you leave the area permanently, leave for a short visit, or go to visit friends. If you cannot contact the unit to provide your location, please fill out the form below and mail it to the unit or leave it with a neighbor to deliver to the unit.

This is to inform you that I have left the community. I can be reached at the following location:

Name: _____

C/O: _____

Address: _____

Telephone: _____

I expect to return on or about: _____

Sponsor's Name: _____

IMPORTANT PHONE NUMBERS

Fill in the proper phone numbers below for your unit or the soldier's unit. Do it now, before you need it!

Contact Person	Fort Stewart	Hunter AAF	Other
Battalion Headquarters			
Battalion Commander			
Battalion XO			
Battalion Command			
Sergeant Major			
Company Commander			
Rear Detachment Commander			
Family Readiness Group			
Chaplain			
Military Police			
Post Staff Duty			
On-Call Chaplain			
Poison Control			
Red Cross			
Mental Health			
Social Work Services			
Hospital			
Legal Assistance			
Army Community Service			
Army Emergency Relief			